

9 FAM PART IV Appendix K, Exhibit III

SAMPLE REJECTION FORM FORMAT

NAME OF POST CONSULAR SECTION

Date _____

TO: _____

FROM: Nonimmigrant Visa Chief

SUBJECT: Visa Referral

RE: _____
(Name of applicant)

The referenced referral or applicant must be refused for the following reason(s). If you wish to discuss this case, please call me at xxx-xxxx.

- ☐ The applicant must be refused a visa under Section _____ of the INA. The applicant should apply in person at the consular section if he or she wishes to pursue the case further.
- ☐ The visa application is not completely filled out or signed. See Number(s) _____.
- ☐ The application is missing the following necessary documents: _____
- ☐ The referring form is not signed by an authorized referring official.
- ☐ The reasons given for the referral do not meet Mission referral criteria. Please see Mission Notice # _____.
- ☐ The applicant has previously been refused a visa under section _____ of the INA. Please advise if you were aware of this refusal, and what additional information you have which might sustain visa issuance.
- ☐ The applicant is applying for a visa category for which a visa interview is not waivable.
- ☐ Other _____

Attachments: (list)

cc: DCM